

Colorado

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State CARE Act Program Profile

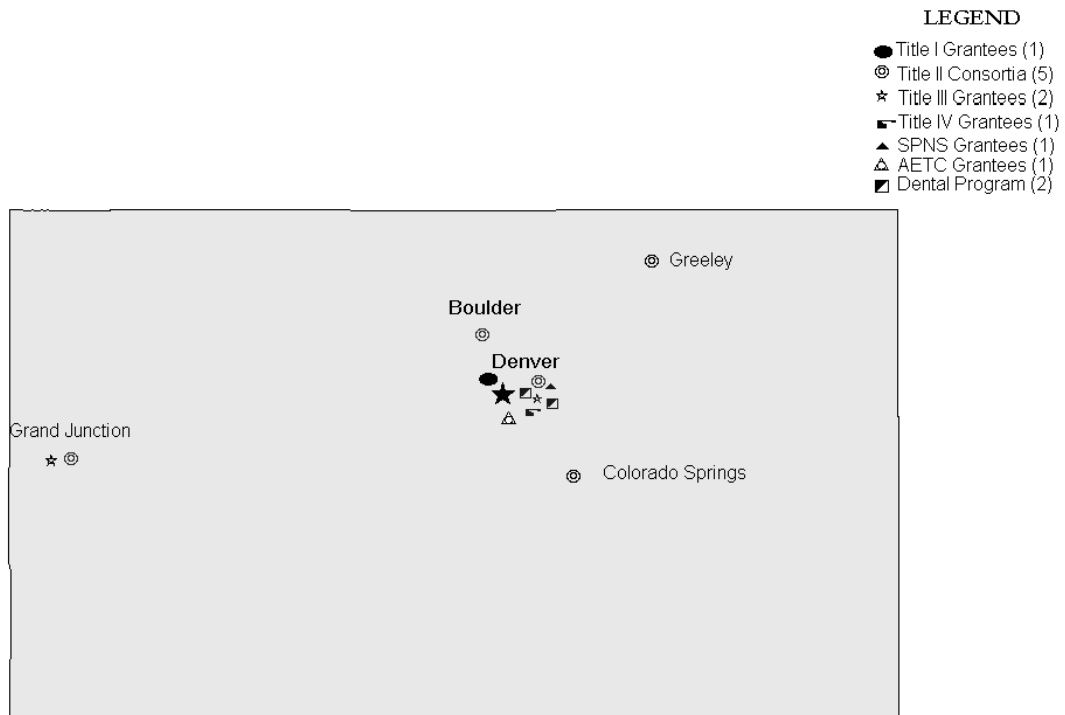
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$3,549,707	\$4,668,572	\$4,278,161	\$12,496,440
Title II (including ADAP)	\$2,509,154	\$3,734,969	\$4,614,053	\$10,858,176
ADAP	(\$528,455)	(\$1,607,932)	(\$2,585,789)	(\$4,722,176)
Title III	\$500,000	\$600,000	\$650,000	\$1,750,000
Title IV	\$387,544	\$432,000	\$532,000	\$1,351,544
SPNS	\$278,539	\$407,085	\$391,780	\$1,077,404
AETC	\$154,885	\$115,389	\$154,882	\$425,156
Dental	\$15,038	\$20,109	\$15,428	\$50,575
Total	\$7,394,867	\$9,978,124	\$10,636,304	\$28,009,295

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

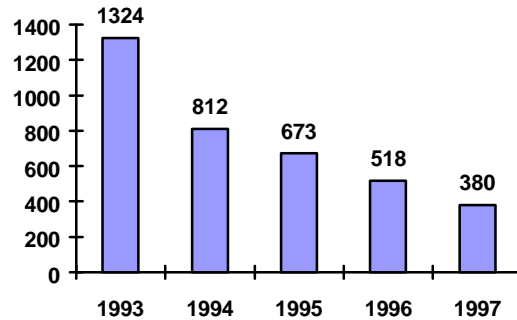
	1996	1997	1998
Title I	1	1	1
Title III	1	1	2
Title IV	1	1	1
SPNS	1	1	1
AETC (grantee or subcontractor)	1	1	1
Dental	1	2	2

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Colorado (Pop. 3,892,644)

- ▶ Persons reported to be living with AIDS through 1997: 2,448
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 5,042
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated November 1985)
- ▶ State AIDS Cases (cumulative) since 1993: 3,707 (1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	91%	78%
Women (13 years and up):	9%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	0%	1%
20+ years old :	100%	98%

	State-Specific Data	National Data
White:	65%	33%
African American:	14%	45%
Hispanic:	19%	21%
Asian/Pacific Islander:	1%	<1%
Native American/Alaskan Native:	1%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	62%	35%
Injecting drug user (IDU):	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	10%	4%
Heterosexual contact:	7%	13%
Other, unknown or not reported:	9%	24%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	194.4	194.5
Gonorrhea (1996)	36.5	124.0
Syphilis (1996)	0.7	4.3
TB (1997)	2.4	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Emerging Needs:** services for the disabled; access to new therapies; adherence support; differences in service cost by region and provider; use of technology in consortia communication; and clinical outcomes and cost-effectiveness of new therapies

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	133% FPL

*Income eligibility for State's ADAP program is 185% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

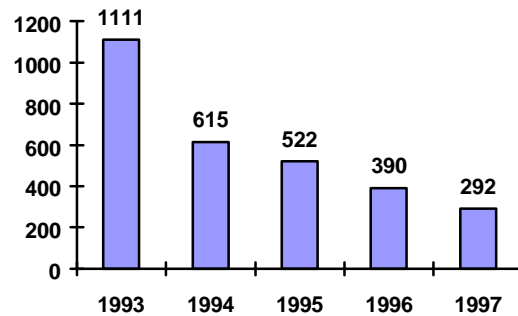
1915(b) waiver(s): Yes

Title I: Denver (Pop. 1,825,720)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Adams, Arapahoe, Denver, Douglass, Jefferson Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 1,979
- ▶ AIDS Cases (cumulative) since 1993: 2,930 (79% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	92%	91%	78%
Women (13 years and up):	8%	9%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	0%	2%
20+ years old:	100%	100%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	64%	65%	33%
African American:	15%	14%	45%
Hispanic:	21%	19%	21%
Asian/Pacific Islander:	0%	1%	<1%
Native American/Alaskan Native:	0%	1%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	66%	62%	35%
Injecting drug user (IDU):	8%	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	10%	10%	4%
Heterosexual contact:	8%	7%	13%
Other, unknown or not reported: (Adults only)	8%	9%	24%

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$2,045,266	\$2,211,657	\$2,173,086	\$6,430,009
Supplemental	\$1,504,441	\$2,456,915	\$2,105,075	\$6,066,431
Total	\$3,549,707	\$4,668,572	\$4,278,161	\$12,496,440

Allocation of Funds

	1998
Health Care Services	\$2,197,789/51%
Medications	\$712,391/17%
Case Management	\$505,463/12%
Support Services	\$372,110/9%
Administration, Planning and Program Support	\$490,408/11%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 30
- ▶ PLWH on planning council: 11 (37%)

Gender of Planning Council Members

Men:	63%
Women:	37%

Race/Ethnicity of Planning Council Members

White:	63%
African American:	20%
Hispanic:	10%
Asian/Pacific Islander:	3%
Native American/Alaska Native:	3%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	4,880
Men:	84%
Women:	16%

<13 years old:	2%
13-19 years old:	0%
20+ years old:	97%

White:	61%
African American:	17%
Hispanic:	19%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	2%

Men who have sex with men (MSM):	38%
Injecting drug user (IDU):	9%
Men who have sex with men and inject drugs (MSM/IDU):	10%
Heterosexual contact:	5%
Other, unknown or not reported:	38%

► Improved Patient Access

- In FY 1997, the number of PLWH receiving primary health care services continued to grow. From 1995 to 1997, PLWH receiving primary care increased from 1,330 to 1,543 (+16%); PLWH receiving medications (via ADAP) increased from 659 to 778 (+18%); and PLWH receiving dental services increased from 759 to 856 (+13%).
- Child care services for parents and care givers with HIV disease were added as a new service in FY 1997, and providers report that these services increased women's access to care.

- Other new services added in FY 1997 included: 1) establishment of an insurance continuation program; 2) a new viral load testing service; 3) expansion of the pharmacy assistance formulary; and 4) development of an adherence initiative. These new services were supported by shifting funds from the home-care, respite, and hospice care service categories, which are no longer needed in as great quantity as patient outcomes have improved.
- The Planning Council established as a priority to ensure access to care and treatment for underserved populations including African Americans, Hispanics, Native Americans, women, infants, children, youth, substance abusers, persons with chronic illness, the homeless, disabled persons, individuals and families living below the poverty level, and geographically isolated persons. To increase access to primary care, the EMA integrated outreach as an activity across most service categories.

► **Improved Patient Outcomes**

- Denver Health, a Title I-funded agency, showed a 60% decrease in deaths and a 70% decrease in opportunistic infections between 1995 and 1997 as a result of improved access to primary care and new treatments.
- With more than 90% of their clients on or offered combination therapy with protease inhibitors and prophylaxis for opportunistic diseases, the Title I-funded University Hospital documented: 1) a 31% reduction in inpatient hospitalizations in the last year; 2) a decline in PCP infections from 8.5 per 100 to 4 per 100 in one year; and 3) a decrease in the death rate from 16% in 1994 to 4.5% in 1997.
- The women's HIV clinic expanded its services to offer on-site gynecologic services, resulting in a 60 to 80% improvement of physician compliance with PAP tests.

► **Other Accomplishments**

- The Planning Council increased funding for primary care by 20% in FY 1997 and expanded funding for treatment/medications by 143%, in response to newly available but expensive HIV/AIDS therapies and changes in treatment guidelines. Support services essential for maintaining clients in treatment, also received increased allocations.
- A pilot project was launched that same year to capture client-level data focusing on the utilization of emergency assistance services, in order to familiarize providers with the new, confidential reporting system. During FY 1998, a Single Payer System was launched that tracks disbursement of all CARE Act and Housing Opportunities for People with AIDS (HOPWA) emergency assistance funds.
- A "Primary Case Management Collaborative Agreement" was developed and adopted by providers to increase efficiency and reduce duplication, particularly for severe-need clients requiring services from multiple providers.
- A Cultural Competency Work Group, established by the Planning Council, developed leadership and HIV services planning skills among community members interested in serving on the Planning Council. A group of facilitators from communities of color were trained to provide leadership and skills building.

Title II: Colorado

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$2,509,154	\$3,734,969	\$4,614,053	\$10,858,176
ADAP (included in Title II grant)	(\$528,455)	(\$1,607,932)	(\$2,585,789)	(\$4,722,176)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$2,722,926/59%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$208,000)
ADAP/Treatments	(\$2,514,926)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$1,324,220/29%
Health Care*	(\$258,338)
ADAP/Treatment	(\$299,050)
Case Management	(\$404,512)
Support Services**	(\$362,320)
Administration, Planning and Evaluation (Total State/Consortia)	\$566,907/12%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 5

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Boulder County HIV/AIDS Service Consortium	Boulder	Boulder County	\$199,684
HIV Resources Planning Council	Denver	Adams, Arapahoe, Denver, Douglas, and Jefferson Counties Adams, Arapahoe, Denver, Douglas, and Jefferson Counties	\$422,946
Northern Colorado Care Consortium	Greeley	Larimer, Logan, Morgan, Phillips, Sedgewick, Washington, Weld and Yuma Counties	\$159,685
Southern Colorado AIDS Consortium	Colorado Springs	Alamosa, Baca, Bent, Cheyenne, Conejos, Costilla, Crowley, Custer, Elbert, El Paso, Fremont, Huerfano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Park, Prowers, Pueblo, Rio Grand Sauguache, and Teller Counties	\$613,030
Western Colorado AIDS Care Consortium	Grand Junction	Archuleta, Chaffee, Clear Creek, Delta, Dolores, Eagle, Garfield, Gilpin, Grand, Gunnison, Hinsdale, Jackson, Lake, Laplata, Mesa, Morrat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, and Summit Counties	\$175,105

Accomplishments

Clients Served (duplicated count), FY 1996:	5,740
Men:	84%
Women:	16%
<13 years old:	2%
13-19 years old:	1%
20+ years old:	97%

White:	63%
African American:	15%
Hispanic:	18%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	2%
Other, unknown or not reported:	1%

Men who have sex with men (MSM):	39%
Injecting drug user (IDU):	9%
Men who have sex with men and inject drugs (MSM/IDU):	10%
Heterosexual contact:	6%
Other, unknown or not reported:	36%

► **Improved Patient Access**

- The number of clients receiving case-managed primary medical care, treatment, and related health and support services has grown throughout the State, including in rural areas. For example, the caseload for the Northern Colorado Consortium increased 93% in 1997 over the previous year, serving 124 clients; and the number of clients served by the Western Colorado Consortium grew from 44 to 72 clients over the same period, a 63% increase. A total of 1,490 individuals across the State received consortia-provided services in 1997.
- The number of clients accessing HIV treatments grew by more than 140% between 1995 and 1997, from 710 enrolled clients to 1,709 clients in 1997. Monthly utilization expanded from 412 in 1996 to 700 each month as of July 1998, a 70% increase. Approximately 75% of ADAP clients received combination therapy with protease inhibitors by mid-1998.
- The State added or expanded the following services during 1997: 1) Southern Colorado expanded lab testing to include genotyping and added new Food Bank services; 2) three consortia regions provided counseling and referral services to individuals about to be released from prison to ensure continuity of medical care and treatment; and 3) the Western Colorado Consortium provided funding to 25 new providers in 1997.

► **Improved Patient Outcomes**

- The grantee funded a study in 1997-98 concerning the question of why the African American and Hispanic communities are under represented among ADAP clients.
- To address the potential problem that some clients may not be offered therapy because of physician/provider concern about the risk of non-adherence, the grantee used \$50,000 from the General Assembly appropriation to set up pilot programs in four sites to provide “adherence enhancement” services.

► **Cost Savings**

- Since its inception, the insurance continuation program has increased the number of clients being served from 26 people in 1994 to 117 in FY 1997. During FY 1997, the insurance continuation program initiated a pilot project to assess the cost-effectiveness of purchasing health insurance for uninsured clients.

AIDS Drug Assistance Program (ADAP): Colorado

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$596,397	\$1,743,815	\$2,721,789	\$5,062,001
State Funds	\$301,000	\$301,000	\$1,171,671	\$1,773,671
Other: Title I	\$362,806	\$535,906	\$900,000	\$1,798,712
Total	\$1,260,203	\$2,580,721	\$4,793,460	\$8,634,384

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 13 drugs, 5 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: Yes
 - ▶ Annual Income Cap: Yes
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: The ADAP advisory committee is open to anyone who wishes to serve on it, with eligibility criteria determined by the committee.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	1,080
Number using ADAP each month:	700
Percent of clients on protease inhibitors:	75%
Percent of active clients below 200% FPL:	100%

Client Profile, FY 1996

Men:	91%
Women:	9%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%
White:	59%
African American:	13%
Hispanic:	15%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	13%

Title III: Colorado

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	1	1	2	
Total Title III funding in State	\$500,000	\$600,000	\$650,000	\$1,750,000

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 1 grantee(s) in State)

- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 403
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 112
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 18%
 - ▶ from 200 to 499: 45%
 - ▶ above 500: 38%

Accomplishments

Clients served (primary care only), 1996:	403
Men:	88%
Women:	12%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	61%
African American:	17%
Hispanic:	20%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
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Men who have sex with men (MSM):	64%
Injecting drug user (IDU):	9%
Men who have sex with men and inject drugs (MSM/IDU):	10%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	13%
Receipt of blood transfusion, blood components, or tissue:	0%
Other, unknown or not reported:	3%

► **Improved Patient Access**

- In an attempt to retain clients in care and to follow up with clients previously lost to care, the project staff of the Denver Health Authority, Community Health Services added an outreach worker. In 1996, the grantee served more than 400 clients; 50% of these clients had a history of substance use.

► **Improved Patient Outcomes**

- Between 1990 and 1997, opportunistic infections decreased by 60 to 96% and mortality rates decreased by 47% for all clients treated in the Denver Health and Hospitals Authority. The total number of HIV-related hospital admissions decreased by 58% per client in this same time period.
- The grantee reports that decreases in opportunistic diseases, mortality, and health care utilization were most notable between 1995 and 1997 in the Denver Health System.

► **Cost Savings**

- The Denver Health System noted a 58% decrease in hospital charges per client between 1990 and 1997.
- In 1996, an average of 32 viral load tests was conducted for clients enrolled in the Denver Health System's early intervention program. The cost of the test at that time was \$165 per test. As the frequency of tests increased, the grantee negotiated a discounted price. With an average of 100 tests conducted each month, the cost was reduced to \$86 per test in 1997, and the grantee realized significant cost savings.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Denver Health and Hospitals	Denver	Denver County	Health Department

Planning Grants

1998 - St. Mary's Hospital and Medical Center - Grand Junction

Title IV: Colorado

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	1	1	1	
Total Title IV Funding	\$387,544	\$432,000	\$532,000	\$1,351,544

HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	7%
Women with children:	7%
Adolescents/young adults:	18%
Children:	41%
Infants:	25%
Clients with AIDS/HIV Infection:	96%

Accomplishments

All clients served, 1996:	111
Men:	35%
Women:	65%
(Adolescents and adults only)	
<13 years old:	67%
13-19 years old:	18%
20+ years old:	15%

White:	45%
African American:	28%
Hispanic:	23%
Asian/Pacific Islander:	4%
Native American/Alaskan Native:	1%

Men who have sex with men (MSM):	4%
Injecting drug user (IDU):	4%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	3%
Heterosexual contact, non IDU:	16%
Receipt of blood transfusion, blood components, or tissue:	5%
Pediatric Exposure:	67%
Other, unknown or not reported:	2%

► **Improved Patient Access**

- The Title IV project added a clinic for adult HIV-infected family members of adolescent clients to the Children's Hospital in Denver in 1997 to serve their HIV-related needs in the same environment.
- In 1997, the grantee served 140 clients through the Title IV project, including 28 newly enrolled clients.
- The presence of an AIDS Clinical Trials Unit on-site helps facilitate access to clinical research for clients participating in the Title IV project.
- In 1997, the grantee initiated a youth project as part of the Title IV project. The total number of youth has increased from three adolescents served in 1996 to 15 served in 1997. The grantee recruited adolescent peer counselors to enhance clinic attendance, compliance with therapy, and the identification of at-risk and infected youth.

► **Improved Patient Outcomes**

- Of the 140 clients served by the Title IV project, more than 36% have been in care for three to five years. Only four clients were lost to follow-up in 1997.
- Through aggressive clinical management of HIV disease, only seven clients had the most advanced AIDS classification in 1997 and only one death was reported.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
University of Colorado Health Sciences Center	Denver	Colorado, Nebraska, Arizona, Utah, New Mexico, and Wyoming	Hospital

Special Programs of National Significance (SPNS): Colorado

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	1	1	1	
Total SPNS Funding in State	\$278,539	\$407,085	\$391,780	\$1,077,404

Project Descriptions

► **University of Colorado, Health Sciences Center**

Location: Denver

Project period: 10/94 - 9/99

Population Served: Physicians, physician assistants, and nurses

Description of Services: This project, carried out by the Mountain Plains Regional AIDS Education Training Center/University of Colorado Health Sciences Center, develops and evaluates the effectiveness of three different instructional models to improve HIV service delivery in rural areas. The methods include a self-instruction study module, two-way interactive audiovisual teleconference training, and face-to-face presentations by rural outreach teams. The project collects data on the effectiveness of each model in improving the knowledge, ability, and willingness of rural providers to deliver HIV care. Participants in this effort include doctors, nurses, and physician assistants in eight Mountain Plains states.

Project Highlights

- Using all three instructional models, the project conducted training sessions for more than 1,800 rural physicians, nurse practitioners, physician assistants, and nurses, and completed data collection and analysis on the relative effectiveness of the different models.
- The project measured levels of activity in nine areas, including risk assessment, risk reduction counseling, HIV counseling and testing, prophylaxis, and antiretroviral treatment. It found that all three models resulted in significant improvements in knowledge, skills, abilities, and willingness to provide HIV/AIDS services, with the self-instruction module yielding the greatest increases.
- The project subsequently developed and implemented an on-line self-study module.

AIDS Education and Training Centers: Colorado

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Mountain Plains AETC
Mountain Plains Regional AET
- ▶ States Served: Colorado, Kansas, Nebraska, New Mexico, North Dakota, South Dakota, Utah and Wyoming
- ▶ Primary Grantee: University of Colorado, Health Science Center, Denver, CO
- ▶ Subcontractors in State: None

Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$154,885	\$115,389	\$154,882	\$425,156

Training Highlights from FY 1997

- The AETC conducted the following training: HIV Prevention, Early Intervention and Health Promotion for Rural Health Care Providers; Prevention of Perinatal Transmission of HIV; HIV/AIDS: Providing Care in the Age of HAART; Antiretroviral Resistance: Implications for Long Term Strategies; Managing Occupational Exposure to HIV in the Healthcare Setting; Pain Management in HIV Disease; and HIV in Prison Populations.
- The Colorado performance site co-sponsors the annual, two-day Rocky Mountain Regional Conference on HIV Disease and a one-day Prevention Institute (held in conjunction with the regional conference). The conference reaches between 500-700 providers and consumers.
- The AETC offers three medically focused and one dental-focused three-day clinical training programs in Denver. The programs attract providers from the entire eight-state region.
- Over 2,000 copies of an on-line and printed self-instruction module, "HIV Prevention, Early Intervention and Health Promotion: A Self-Study Module for Rural Health Care Providers" have been distributed. The AETC reports that providers have been completing the on-line module. CEUs and CMEs are offered.

- The AETC produced “HIV: A Sourcebook for the Primary Care Provider.” The sourcebook has a core section and then is individualized to include resource information for each of the eight states served by the AETC.
- “AIDS Newslink,” the Mountain Plains AETC newsletter, is sent to over 10,000 providers in the region three times a year. Past issues have addressed women’s issues and adherence.

HIV/AIDS Dental Reimbursement Program: Colorado

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	1	2	2	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$15,038	\$20,109	\$15,428	\$50,575

Accomplishments

Est. clients served, 1996:	281
Men:	96%
Women:	4%
<13 years old:	0%
13-19 years old:	1%
20+ years old:	99%

HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Children's Hospital	Denver
University of Colorado School of Dentistry	Denver